PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Apperwork Reduction Act of 1995, no persons are	required to respond to a collection of infor	mation unless it displays a valid OMB control num
C C	Application Number	
SCHIPOWER OF ATTORNEY	Filing Date	March 31, 2004
ACMIPOWER OF ALTORNET		

BADEN and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	March 31, 2004
First Named Inventor	L Murray DALLAS
Title	CASING-ENGAGING WELL TREE
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:					<u> </u>	1	
			2753	0			
Practitioners associated	with the Customer Number:		2133	U			
OR	ι					•	
Practitioner(s) named be	low:						
	Nega			Registratio	n Nur	nber	
	Name						
-							
as my/our attorney(s) or agent(Trademark Office connected th	s) to prosecute the application erewith.	identified above	and to tra	ansact all busine	ss in t	he Un	ited States Patent and
Please recognize or change the		the above-identif	ied applic	ation to:			
l - 							
The address associat	ed with the above-mentioned (Sustainer Hambe					
OR							
The address associa	ted with Customer Number:						
OR							
Firm or Individual Name	NELSON, MULLINS, RILEY	& SCARBOROL	IGH, L.L.F	P			
Address	P.O. Box 11070						
Address							
City	Columbia		State	S. Carolina		Zip	29211
Country	United States of America			T			
Telephone	803-799-2000		Fax	803-256-7500			
I am the: Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name Bob McGuire							
Signature /Sol-Me	Duir						
Date Cipril	4 2004			Telephone	9 4	<u>'05</u>	-6861001
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total of 2	_ forms are submitted.						to the first of the second bursts.

This collection of Information is required by 37 CFR 1.31 and 1.33. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to recond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

RIENI

Application Number	
Filing Date	March 31, 2004
First I amed Inventor	L Murray DALLAS
Title	CASING-ENGAGING WELL TREE
Art Unit	
Exam ner Name	
Attorney Docket Number	

I hereby appoint:	List the second					
Titeleny appoints					\neg	
Practitioners associated	with the Customer Number:		275	30		
OR	L					
Practitioner(s) named be	dow.					
	Name			Registration N	lumber	
						
	······································					
<u> </u>	1(1)					
as my/our attorney(s) or agent(Trademark Office connected the	s) to prosecute the application is erewith.	dentified above	, and to tr	ansact all business i	n the United States Patent and	
Please recognize or change the	e correspondence address for th	ne above Identi	fied applic	ation to:		
	ed with the above-mentioned Cu					
OR	od Will the doors theimonist St	10001101 1101112-	JI.			
UK		 .				
The address associat	ted with Customer Number:					
OR						
Firm or Individual Name	NELSON, MULLINS, RILEY &	SCARBOROL	JGH, L.L.F	·.		
Address	P.O. Box 11070					
Address				****		
City	Columbia		State	S. Carolina	Zip 29211	
Country	United States of America					
Telephone	803-799-2000		Fax	803-256-7500		
I am the:						
	Applicant/Inventor.					
Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SBA'6)						
SIGNATURE of Applicant or Assignee of Record						
Name L. Murray Dallas						
Signature Munas Dallos						
Date March 3/9/04 Telephone 972 548-9733						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple torms if more than one signature is required, see below.						
*Total of 2	forms are submitted.		*************************************			

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 12: and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for nutucing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.